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## REISSUE PATENT APPLICATION TRANSMITTAL

|   |  |                    |
|---|--|--------------------|
| <b>Address to:</b><br><br><b>Mail Stop Reissue</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b> | <b>Attorney Docket No.</b>                         | E040 1010RE        |
|   | <b>First Named Inventor</b>                        | Brad I. Procton    |
|   | <b>Original Patent Number</b>                      | 6,289,635 B1       |
|   | <b>Original Patent Issue Date (Month/Day/Year)</b> | September 18, 2001 |
|   | <b>Express Mail Label No.</b>                      | EV332582929US      |

**APPLICATION FOR REISSUE OF:** ☒ Utility Patent ☐ Design Patent ☐ Plant Patent  
(Check applicable box)

| APPLICATION ELEMENTS (37 CFR 1.173)  | ACCOMPANYING APPLICATION PARTS  |
|--|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56)<br>(Submit an original, and a duplicate for fee processing)<br>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.<br>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format<br>(amended, if appropriate)<br>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)<br>5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy)<br>(37 CFR 1.175) (PTO/SB/51 or 52)<br>6. <input checked="" type="checkbox"/> Power of Attorney<br>7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>(If Yes, check applicable box(es))<br><input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)<br><input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)<br>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix)<br>or large table<br>9. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all of the following are necessary)<br>a. <input type="checkbox"/> Computer Readable Form (CFR)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or<br>ii. <input type="checkbox"/> paper<br>c. <input type="checkbox"/> Statements verifying identity of above copies | 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).<br>11. <input type="checkbox"/> Original Patent Grant<br><input type="checkbox"/> Ribboned Original Patent Grant<br><input type="checkbox"/> Statement of Loss (PTO/SB/55)<br>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119)<br>(if applicable)<br>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)<br>15. <input checked="" type="checkbox"/> Preliminary Amendment<br>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)<br>17. Other: Express Mail Certificate<br>_____<br>_____<br>_____ |

### 18. CORRESPONDENCE ADDRESS

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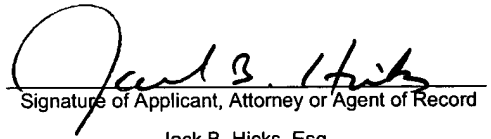
|                          |                      |  |         |
|--------------------------|----------------------|--|---------|
| <b>Name (Print/Type)</b> | Jack B. Hicks        | <b>Registration No. (Attorney/Agent)</b> | 34,180  |
| <b>Signature</b>         | <i>Jack B. Hicks</i> | <b>Date</b>                              | 9-18-03 |

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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| <b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>  |  |  |   |                                   |              | Docket Number (Optional)<br>E040 1010RE |                           |      |
|--|--|--|---|-----------------------------------|--------------|---|---------------------------|------|
| <b>Claims as Filed – Part 1</b>  |  |  |   |                                   |              |   |                           |      |
|  | (1)<br>Claims<br>in<br>Patent              | (2)<br>Number Filed in<br>Reissue<br>Application | (3)<br>Number Extra                             | Small Entity                      |              | Other than a Small Entity               |                           |      |
|  |  |  |   | Rate                              | Fee          |   | Rate                      | Fee  |
| Total Claims<br>(37 CFR 1.16(j))<br>Independent claims<br>(37 CFR 1.16(i))   | (A) 16                                     | (B) 17   | **** 0 =  | x \$ 0 =                          | 0            | or                                      | x \$ ____ =               |      |
|  | (C) 2                                      | (D) 3  | * 0 =   | x \$ 0 =                          | 0            |   | x \$ ____ =               |      |
| Basic Fee (37 CFR 1.16(h))   |  |  |   | \$ 375                            |              | \$ ____                                 |                           |      |
| Total Filing Fee   |  |  |   | \$ 375.00                         |              | OR \$ ____                              |                           |      |
| <b>Claims as Amended – Part 2</b>  |  |  |   |                                   |              |   |                           |      |
|  | (1)<br>Claims Remaining<br>After Amendment |  | (2)<br>Highest Number<br>Previously<br>Paid For | (3)<br>Extra<br>Claims<br>Present | Small Entity |   | Other than a Small Entity |      |
|  |  |  |   |                                   | Rate         | Fee                                     |                           | Rate |
| Total Claims<br>(37 CFR 1.16(j))   | *** 17                                     | MINUS  | ** 20   | * = 0                             | x \$ 0 =     | 0                                       | x \$ ____ =               |      |
| Independent<br>Claims (37 CFR<br>1.16(i))  | *** 3                                      | MINUS  | ***** 3   | = 0                               | x \$ 0 =     | 0                                       | x \$ ____ =               |      |
| Total Additional Fee   |  |  |   |                                   | \$ 0.00      |   | OR \$                     |      |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account Number _____ in the amount of _____.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number <u>09-0528</u>.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____<br/>September 18, 2003<br/>Date</p> <p>_____<br/>34,180<br/>Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: center;"> <br/>           Signature of Applicant, Attorney or Agent of Record<br/>           Jack B. Hicks, Esq.<br/>           Typed or printed name         </div> </div> |  |  |   |                                   |              |   |                           |      |

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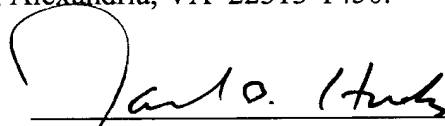
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Date of Deposit: September 18, 2003

I hereby certify that this paper, which is a Reissue Application for Patent Number 6,289,635, Issued September 18, 2001, entitled CONTINUOUS HANDICAP THRESHOLD ASSEMBLY WITH DUAL DAMS AND SELECTIVELY POSITIONABLE SIDELIGHT CAP (Our File No. E040 1010RE (38864.0009.7)), and the attached fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the MAIL STOP REISSUE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Jack B. Hicks  
Registration No. 34,180

Mailed By:   
Lisa M. Carter